

# HIV/AIDS Program Condom Request Form

Escambia ~ Santa Rosa ~ Okaloosa ~ Walton

Please give a 3-4 week notice to fill large condom orders.

Condoms and other supplies are subject to availability.

**All condoms must be supplied to the community at NO COST.**

**Please contact us to arrange pickup time for your order. Orders will need to be picked up at:**

**\*\*NEW PICKUP ADDRESS\*\***

**Florida Department of Health in Escambia County ~ Downtown Center**

**1300 West Gregory Street Pensacola, Florida 32501**

For more information, please contact David Chmiel at **850-595-6500 Ext 1507**

Please fax order form to 850-595-6691 or email order form to [David.Chmiel@FLHealth.gov](mailto:David.Chmiel@FLHealth.gov)

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Organization: (please check the box that most closely applies)

- ☐ 1=Community-based Org. ☐ 2=Private Business ☐ 3=College/University/School  
☐ 4=Clinic/Medical Setting ☐ 5=Outreach ☐ 6=Prevention Interventions ☐ 7=Faith-based Org.

## **Male Condoms (Include # of boxes requested / 1 box = 1,000 condoms)**

☐ Atlas Black \_\_\_\_\_ # (boxes): \_\_\_\_\_

☐ Trojan ENZ Plain \_\_\_\_\_ # (boxes): \_\_\_\_\_

☐ Trojan Magnum Large \_\_\_\_\_ # (boxes): \_\_\_\_\_

☐ One Brand Legend XL/Thin \_\_\_\_\_ # (boxes): \_\_\_\_\_

☐ One Brand Flavor Waves \_\_\_\_\_ # (boxes): \_\_\_\_\_

☐ One Brand Classic Select Plain \_\_\_\_\_ # (boxes): \_\_\_\_\_

## **Additional Items (Include # requested)**

☐ Lifestyles Non-Latex Condoms \_\_\_\_\_ # (boxes of 1000) \_\_\_\_\_

☐ Female Condoms \_\_\_\_\_ # (bags of 100): \_\_\_\_\_

☐ Lubrication \_\_\_\_\_ # (bags of 50): \_\_\_\_\_

## **Brochure Request**

Please list the type of audience that you are trying to reach and/or purpose:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Females (general)           | <input type="checkbox"/> Abstinence      | <input type="checkbox"/> HIV Positive   |
| <input type="checkbox"/> Heterosexual Male (general) | <input type="checkbox"/> Substance Use   | <input type="checkbox"/> Over Age 50    |
| <input type="checkbox"/> MSM (general)               | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Faith-Based    |
| <input type="checkbox"/> Teens                       | <input type="checkbox"/> Black Men       | <input type="checkbox"/> Oral Sex       |
| <input type="checkbox"/> Children                    | <input type="checkbox"/> Black Women     | <input type="checkbox"/> STDs (general) |
| <input type="checkbox"/> Pregnant Women              | <input type="checkbox"/> Black MSM       |   |

Additional Comments: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date order filled: \_\_\_\_\_ Date Scheduled for Pick Up: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Signature For Pick Up: \_\_\_\_\_

Date: \_\_\_\_\_